hes a fcirto 30 Jun 2005

IN THE U.S. PATENT AND TRADEMARK	OFFICE
DECLARATION AND POWER OF ATTORNEY	ATT, DOCKET NO.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole (or joint) inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled Method for the production of a semi-finished product made of zirconium alloy for the production of a flat product and use thereof the specification of which was filed as U.S. Serial No. ______ on _____ and was filed as International Application Serial No. PCT/FR04/000036 on January 9, 2004. I hereby authorize and request my appointed attorneys listed below, to insert above the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me on the same subject matter having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Number	Country	Day/month/year	Priority Claimed	1
03 00316	FRANCE	13.01.2003	Yes_X_	No

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Richard L. Mayer (Reg. No. 22,490) Patrick J. Birde (Reg. No. 29,770) Jeffrey M. Butler (Reg. No. 41,652) John M. Vereb (Reg. No. 48,912)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO

CUSTOMER NO. 26,646

KENYON & KENYON
One Broadway
New York, NY 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FAMILY NAME FULL NAME OF FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR BARBERIS Pierre__ STATE OR FOREIGN COUNTRY CITY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP **UGINE FRANCE** FRANCE POST OFFICE ADDRESS POST OFFICE CTTY STATE & ZIP CODE/COUNTRY **ADDRESS** UGINE 73400 309 Chemin des Cèdres Signature Date June 13, 2005

SECOND GIVEN NAME **PULL NAME OF** FAMILY NAME FIRST GIVEN NAME INVENTOR **RIZZI** Noël STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITIZENSHIP DOUSSARD FRANCE FRANCE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY ADDRESS 496 route de la Gare DOUSSARD 74210 Signature Date

PAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF** INVENTOR ROBBE Xayier-STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY CITIZENSHIP FRANCE **ALBERTVILLE FRANCE** Trus POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY **ADDRESS** 95, place de l'Europe **ALBERTVILLE** 73200 Signature Date

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FULL NAME OF INVENTOR	FAMULY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	BARBERIS	Pierre	
RESIDENCE & CITIZENSHIP	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	UGINE	FRANCE	FRANCE
POST OFFICE ADDRESS	POST OFFICE AUDRESS CITY		STATE & ZIP CODE/COUNTRY
	309 Chemin des Cèdres	UGINÉ	73400
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RIZZI	Noël	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	DOUSSARD	FRANCE	FRANCE
POST OFFICE ADDRESS	FOST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	496 route de la Gare	DOUSSARD	74210
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	ROBBE	Xavier		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	ALBERTVILLE	FRANCE	FRANCE	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	95, place de l'Europe	ALBERTVILLE	73200	
Signature	(n/o) x.	Rosse June 2	0, 2005	

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FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
<u> </u>	BARBERIS	Pierre		
RESIDENCE & CITIZENSHIP	СПҮ	STATE OR FOR	REIGN	COUNTRY OF CITIZENSHIP
	UGINE	FRANCI	E	FRANCE
POST OFFICE ADDRESS	POST OFFICE ADDRESS	SS CITY		STATE & ZIP CODE/COUNTRY
	309 Chemin des Cèdres	UGINE		73400
Signature			Date	
			<u></u>	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RIZZI	Noël	
RESIDENCE & CITIZENSHIP	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	DOUSSARD	FRANCE	FRANCE
POST OFFICE ADDRESS	•		STATE & ZIP CODE/COUNTRY
	496 route de la Gare	DOUSSARD	74210
Signature		Date Ju	une 15, 2005

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	ROBBE	Xavier	
RESIDENÇE & CITIZENSHIP	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	ALBERTVILLE	FRANCE	FRANCE
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	95, place de l'Europe	ALBERTVILLE	73200
Signature		Date	